

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000021674
 1. Entity Name
 J & R PROFESSIONAL PROPERTY MANAGEMENT, L.L.C.



Principal Place of Business Mailing Address
 *387 SOUTHAMPTON DR. 387 SOUTHAMPTON DR.
 INDIANLANTIC, FL 32903 INDIANLANTIC, FL 32903

DO NOT WRITE IN THIS SPACE



01262005No Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
 13-4209367 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 DEMENKOW, ROBERTA B
 387 SOUTHAMPTON DRIVE
 INDIANLANTIC, FL 32903

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Roberta Demenkow Roberta Demenkow DATE 1/26/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DEMENKOW, ROBERTA B
STREET ADDRESS	387 SOUTHAMPTON DRIVE
CITY-ST-ZIP	INDIANLANTIC, FL 32903
TITLE	MGRM
NAME	DEMENKOW, JAMES W
STREET ADDRESS	387 SOUTHAMPTON DRIVE
CITY-ST-ZIP	INDIANLANTIC, FL 32903
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Roberta Demenkow Roberta Demenkow DATE 1/26/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #